<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	7/ <u>29/</u> 10	Address:	CR 7 <u>00 S 100ft Cr 700W</u>
Case #:	<u>42-30902</u>		Greensburg, IN
County:	<u>Decatur</u>		
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	theck all that apply) Hotel/Motel Open – No Structure Other:
<u>Items Found: Location (bedroom, kitchen, open air, etc)</u> (check all that apply)			
Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Open air			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Yes . No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information c/Pseudoephedrine Tracking Log crehant Tip —
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Lefts VFD	Fax: 812 <u>-5</u> Fax: <u>(812</u>)	
Health Department: Decatur Co, Health		Fax: (812)	
Child Protection Service: N/A			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Tom Egler Phone 317-234-4591			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy seat to the Clandestine Laboratory Team Leader for retention.